

Northamptonshire County Council

Southfields House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Southfields House is a residential care home providing personal care to 33 people with a physical disability, sensory impairment, dementia and mental health needs at the time of the inspection.

The service can support up to 45 people across six separate units, each of which have separate adapted facilities. 19 people lived at the home permanently and 14 people were temporarily staying at the home to receive reablement support at the time of inspection.

People's experience of using this service and what we found

The service had a registered manager. However, they had been absent since July 2018. The provider had appointed an acting manager who was responsible for monitoring the quality of the service and ensuring the regulatory requirements were met. Quality assurance systems and processes identified where improvements were needed. However, we found action was not always taken quickly enough to resolve issues found.

Decision specific mental capacity assessments and best interest decisions had not been undertaken for all people that lacked capacity to make decisions about their care. However, we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew how to recognise, and report suspected abuse. They had been safely recruited and had access to the training they needed to meet people's individual care needs. Staff had a good knowledge of infection control requirements and had access to personal protective equipment. Staff felt well supported by the management team.

There had been an increase in medicines errors and there were no protocols in place to instruct staff to administer medicines people were prescribed 'as required'. Following our inspection, the service implemented protocols for 'as required' medicines and met with the GP surgery and pharmacy to develop a new system for ordering and stock control of medicines. People told us they received their medicines on time.

People told us they were happy with the food available and were able to choose what they wanted to eat and drink. Staff contacted health professionals as needed and had received specific training to meet people's individual needs.

People were supported by staff that were kind and caring. Staff respected people's privacy and dignity and involved them in decisions about their care. Staff knew people's hobbies, interests, preferences and wishes and we observed staff talking with people about these. Activities such as crosswords, newspapers and jigsaw puzzles were available for people to use.

Complaints were managed in line with the providers complaints policy. People and relatives told us, they felt confident action would be taken should they complain.

The service understood their requirements in relation to duty of candour and were open and honest with us during our inspection. They worked with partner agencies such as commissioners and healthcare professionals to meet the needs of the people living at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 December 2018)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough, improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Southfields House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Southfields House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager had been absent from the service since July 2018.

The provider had appointed an acting manager who was responsible for running the service and overseeing the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We visited the care home on the 11 and 12 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the acting manager, team leader, shift leaders, chef and care staff. We also spoke with a visiting professional.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including but not limited to quality assurance, training and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information such as medicines audits, accident and incident data, end of life plans, and the services development plan.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection, there was a risk that people's food may not be stored correctly or cooked to a safe temperature. The cleanliness of the kitchen was not in line with current legislation and guidance. This was a breach of regulation 12 (2) (h) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to food hygiene practices. Food was correctly stored and cooked to a safe temperature. The kitchen flooring had been repaired and the kitchen area was observed to be clean during and after service.

Using medicines safely

- The acting manager had identified a recent increase in medicines errors. One person's diabetes medicine was not given for five days and another person went without their pain relief patch being applied for two days. A planned meeting with the GP surgery and pharmacist took place after our inspection. A system for ordering and monitoring of medicines stock was implemented to reduce the risk of people being without their medicines.
- Personalised guidance was available to instruct staff how to identify when people were in pain and to administer paracetamol. However, there were no protocols in place to instruct staff when to give, 'as required' medicines, such as medicines to reduce people's distress and manage constipation. This put people at risk of not receiving their medicines when they needed them or receiving them too frequently. Following our inspection people's medicines were reviewed by a pharmacist and protocols for 'as required' medicines implemented.
- Care plans did not always accurately reflect the medicines people were prescribed. The acting manager told us they planned to update people's medicines care plans following the medicines reviews.
- Staff told us when administering medicines, they were at times interrupted by care staff, which caused distractions. One staff member told us, "I wear a tabard that says do not disturb. However, I am always disturbed by staff. I am under pressure."
- Medicines audits were undertaken to identify areas for improvement.
- Staff we spoke with had a good knowledge of people's medicines and how they liked to take them. They knew where to apply creams and ointments as this was detailed pictorially on a body map. People told us they received their medicines on time. One person said, "I take a lot of medication, I'm happy that it's on time."

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed this in use. A health professional told us a person had been admitted to the service with an infectious condition. They told us, "Staff were brilliant at infection control, they stuck to my advice and it did not spread."
- The service had identified there was a requirement for cleaning staff to work within the reablement service during the weekend. Implementation was planned for the month of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to ensure staff were aware of risk associated with falls, skin damage, not eating or drinking enough or moving and handling. At the last inspection we found risk assessments for people's health care needs did not always contain enough information, we found improvements were still needed in this area.
- Staff confirmed, they had received training about using equipment to assist people to move safely. We observed staff undertaking safe moving and handling practices.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people in the event of a fire. These were up to date and reflective of people's current needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from the service. One person told us, "I'm happy and safe."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority. Records confirmed this. One staff member told us, "We have in-depth safeguarding training."
- Staff felt confident about raising concerns relating to people's care. A whistle-blowing policy was in place and we saw staff had raised concerns about staff performance with the management team.

Staffing and recruitment

- Planned care staff levels were achieved. During our inspection, we observed staff respond to people's needs promptly. Records showed there had been an increase in staffing in readiness for a third reablement unit to open. A relative told us, "There's always lots of staff when I come."
- People told us they did not need to wait long to have their needs met. One person said, "Staff are good at answering my bell." Another person told us, "There is a buzzer in my room, I've never used it. I hear other buzzers at night, they don't seem to ring for long."
- People were supported by a consistent team of staff that knew them well.
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff.

Learning lessons when things go wrong

- Staff knew how to complete accident and incident reports. We found they had been analysed by the management team, to identify lessons learned. The manager also completed a tracker to enable them to identify themes and trends to take further preventative action.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were no longer able to make decisions about certain aspects of their lives, this had not always been assessed and best interest decisions had not always been undertaken. This is the second inspection we have identified improvements were needed in this area.
- Staff had received training about the MCA and knew how to support people in the least restrictive way possible.
- The service recorded evidence of people's representatives that had Lasting Power of Attorney (LPOA). LPOA gives representatives the legal authority to make decisions on a person's behalf.
- Care plans instructed staff, to offer people choice and to respect their decisions. We observed this in practice. One person said, "I can do as I like, there are no restrictions. I feel I have freedom here."
- Applications to deprive people of their liberty had been made by the service.

Supporting people to eat and drink enough to maintain a balanced diet

- We found improvements had been made since our last inspection. The service regularly monitored people's weight and referred to healthcare professionals if they had concerns. People at risk of not eating or drinking enough had extra calories and nutrition added to their meals. A relative told us, "The food is amazing, [relative] has put on two pounds in a week."
- We received positive feedback about the food. A relative told us, "The food is brilliant, the variety is wonderful. It's three weeks before the same thing comes up again. Staff always offer a lunch choice at the table. If people don't want it, staff will do something else." The chef knew people's eating and drinking

preferences and needs.

- People chose where they wished to eat their meals and were supported by staff that knew their food preferences and dietary requirements. We observed one staff ask a person if they wanted gravy with their meal, they subsequently made this for them, and gave it to them in a jug so they could pour it themselves.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans.
- For temporary placements, an assessment of people's needs was completed by the hospital. This informed the development of the services interim care plan, which was updated as staff got to know people.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff were supported with their development and accessed regular training. One person told us, "I think staff are well trained, no problems." A staff member told us, "The training is second to none."
- Staff told us they had regular supervisions and felt supported by the management team. A staff member told us, "I feel supported and listened to." Regular spot checks were undertaken by the management team to check people's care was being delivered as planned.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff received a comprehensive handover before they started their shift. This meant they knew when people's needs had changed and how to support them. For example, staff were instructed to closely monitor a person with a urine infection and to prompt them to have extra drinks.
- Staff knew people well and recognised when people needed healthcare support. Staff discussed any concerns with an advanced nurse practitioner (ANP) on site at the service during the week, this meant healthcare concerns were promptly addressed. Staff had been taught to undertake observations such as temperature and blood pressure, so they could provide vital information to healthcare professionals. A relative told us, "[Relative] had their hearing checked the other day and has seen the doctor."
- People receiving reablement support, had access to physiotherapy and occupational therapy support whilst staying at the service. Professionals worked alongside people and staff to promote people's independence, so they could return home. One person had been fully dependent on staff support to meet their mobility needs, with intensive support they were able to regain their mobility and return home.
- Care plans were in place to ensure staff knew how to support people to meet their oral health needs.

Adapting service, design, decoration to meet people's needs

- The service had been adapted by the provider to meet the needs of people living within the service. A bedroom had been converted into an equipment store. This meant storage of equipment did not impact on people's living space.
- People living at the service permanently, were encouraged to personalise their bedrooms to their choosing.
- There was an accessible garden space for people to use in good weather and communal areas available for people and their visitors to use. We saw people choosing to spend time with their visitors in different areas of the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive. A person told us, "Staff are all nice, very caring." Another person told us, "I can't fault staff on being respectful." A staff member told us, "I think overall the care is amazing, staff really do care."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time.
- People's cultural and religious needs were detailed in their care plans. Staff were respectful to people of all faiths and beliefs. A faith leader attended the service. The manager told us people enjoyed engaging in the service.
- We observed staff respond to people patiently and with empathy when they were distressed. A relative told us, "Staff are fantastic, you couldn't get any better. They are loving and patient with [relative]." A staff member said, "I love the job, it's like my second family."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices throughout our inspection, such as what they wished to wear, where they wished to spend their time and what food they would like.
- The acting manager understood when people needed the support of an advocate and told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided. An advocate is someone that can help a person speak up to ensure their voice is heard on issues important to them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors and seeking permission to enter. A relative told us, "Staff go the extra mile for [relatives] dignity, I appreciate that." Another relative told us, "I have seen staff using a hoist (lifting equipment). They cover up the ladies with a blanket."
- Staff spoke to people politely and referred to people by their chosen name. Staff recognised the importance of confidentiality.
- People's independence was promoted. One person told us, "Staff encourage me to do things myself, I prefer that." A relative told us, "[Relative] likes to wash and dry up, staff encourage it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been further personalised since the last inspection and contained detailed information about people's histories, preferences and wishes to enable staff to provide more personalised support. People's care plans prompted staff to give people choice and control.
- People and staff had built positive relationships together and enjoyed spending time with each other. A relative told us, "The atmosphere is good. It's a happy place with lots of music." A staff member told us, "I love my job. The best part is making a difference to people's life with the littlest of things."
- Throughout our inspection we observed staff speaking with people about their hobbies and interests and delivering care in the way that considered people's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. A relative told us, "[Relative] has advanced dementia. Staff show [relative] pictures of things to communicate with them."

Supporting people to develop and maintain relationships to avoid social isolation. Support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mostly positive feedback about activities. One person said, "We do hand and feet exercises and quizzes. I don't think they should do more." A relative said, "I've seen lots of activities, singers, services, one to one's as well. I think there's enough."
- During our inspection we observed people colouring, reading newspapers and chatting amongst themselves. Activities such as word searches, jigsaw puzzles, newspapers and crafts were available for people to use.
- Relationships between family and friends were fostered, we saw many visitors coming and going throughout our inspection, all of which were warmly greeted. A person told us, "My [relative] visits when they like."

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure in place to manage complaints. People told us should they have any concerns they would not hesitate to raise these with the management team. One relative told us, "It

wouldn't worry me to complain if I needed to."

- Complaints had been managed in line with the service's policy. One relative told us, "I was happy that it was dealt with."

End of life care and support

- End of life care plans had been implemented since the last inspection and those receiving end of life care had a plan in place. The manager planned to implement plans detailing people's preferences and wishes at the end of their lives for everyone at Southfields House.
- Staff had undertaken end of life training and were committed to supporting people in the way they wished at the end of their lives.
- Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR), these were easily located in their care plans.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Action was not always taken quickly enough to resolve issues found. The services own business improvement plan identified there was a shortfall in management support due to staff turnover and absences. Records showed this had directly impacted on the services ability to make the improvements needed in relation to decision specific mental capacity assessments, best interest decisions, health specific risk assessments and end of life care plans. This is the second inspection we have found improvements were required in these areas.
- The system and process for ordering of medicines, and monitoring stock was not always effective and had contributed to medicines errors. There had been a delay in implementing protocols for medicines prescribed 'as required'.
- People's medicines care plans did not always accurately reflect the medicines they were prescribed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team were responsive to concerns raised during the inspection. Following the inspection, the acting manager provided evidence protocols for 'as required' medicines had been implemented and a system for ordering and monitoring of stock agreed with the GP surgery and pharmacy.

- The acting manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The service was compliant in these areas.
- The management team undertook regular audits to monitor the quality and standard of the service and were aware of the improvements required. These were detailed in the services business improvement plan.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. The management team undertook daily walk arounds to ensure people were receiving their care as planned. A staff member said, "I tell [manager] something, they sort it out and come back to me with the outcome."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- We found the acting manager to be passionate about promoting a positive culture that is person-centred, open, inclusive and empowering. Records showed that poor practice was challenged and addressed.
- Care plans were person centred. Staff understood the need to treat people as individuals and respect their wishes.
- The management team had an 'open door' policy. Staff told us the management team were easy to talk to and they felt well supported. Not everyone receiving care knew who the manager was. Those that did provided positive feedback. One relative said, "[Name of manager] seems efficient."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had been absent since July 2018. The acting manager was open and honest with us during our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback on their care experience was sought, through thoughts and feelings boards. People expressed a preference for cheese and crackers and light meals in the evenings. The service changed how evening meals were provided, with staff preparing people's requested meal in the unit's own kitchen.
- A relative told us a week prior to our inspection, they had advised the manager it would be of benefit for there to be an information pack for people receiving reablement support. They told us, "They have done all the things I have suggested and have written a booklet. It is absolutely fantastic they have done all of that."
- A suggestion box had been introduced to seek visitor's feedback to drive improvements.
- Regular staff meetings took place and were well attended. A staff member told us, "The manager discusses any changes and asks what staff think."

Continuous learning and improving care

- The provider was committed to supporting staff to develop in their roles and were developing the training available to staff.
- The management team told us they planned to introduce a new care plan format, to enable documentation to be streamlined. They planned to complete these once decision specific mental capacity assessments and best interest decisions were completed.
- The services business improvement identified improvements required, including the improvements we identified during our inspection.
- Concerns relating to staff performance were addressed in line with the providers policies and procedures to improve the quality of care being provided.

Working in partnership with others

- Staff worked closely with local commissioners and the safeguarding authority to ensure the service developed and the safety of people was promoted. The service had an action plan in place with the local authority and were acting to address areas for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed.